



# Volunteer Fire Department Member Application

The position(s) you are applying for: (check)

Support Staff

Firefighter

Emergency Medical Services

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

1. Are you legally authorized to work in the U.S.?     YES     NO
2. Are you 18 years of age:     YES     NO
3. Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering?  
 YES     NO    (Note: Assignment is contingent on applicant meeting minimum physical/mental demands of the position).

If you answered yes, please explain:

4. Do you have any commitments or responsibilities that might prevent you from meeting job requirements?     YES     NO

If you answered yes, please explain:

5. Do you have any relatives on the Fire Department?     YES     NO    If yes, who? \_\_\_\_\_
6. Have you previously applied for this position?     YES     NO    If yes, when did you apply? \_\_\_\_\_

## Education and Training

1. High School: \_\_\_\_\_ Did you graduate?     YES     NO
2. College/Trade School: \_\_\_\_\_ Subject Major: \_\_\_\_\_  
Did you earn your degree?     YES     NO
3. Please list any skills which you feel relate to this position:

4. Have you received Firefighter/E.M.S. training in the past?     YES     NO  
Type of Firefighter/E.M.S. training: \_\_\_\_\_ Date: \_\_\_\_\_
5. Have you received first aid training in the past?     YES     NO  
Type of first aid training: \_\_\_\_\_ Date last certified: \_\_\_\_\_

## Driving Record Check

1. Do you agree to a driver's license record check?  YES  NO
- a. Driver's license number: \_\_\_\_\_ State of issuance: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- b. Do you have truck driving experience?  YES  NO Type of vehicle: \_\_\_\_\_
- c. Driver's license class-A, B, C: \_\_\_\_\_
- d. Endorsements: \_\_\_\_\_
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## Availability and Employment History

1. What hours are you available to respond to emergency calls? \_\_\_\_\_  
Approximate minutes from home to Fire Station #3? \_\_\_\_\_  
Approximate minutes from work to Fire Station #3? \_\_\_\_\_
2. Can you be available for the following meetings and training sessions?
- First Monday of the month, 7:00 - 9:00 p.m. (active and reserve)  YES  NO
- Quarterly drill meetings, 7:00 - 9:00 p.m. (active and reserve members)  YES  NO
3. Are you current in your fire certification?  YES  NO If so? Date: \_\_\_\_\_
4. Are you current in your EMT certification?  YES  NO If so? Date: \_\_\_\_\_
5. Can you attend a NFPA 1403 Basic (Essential) Training Program?  YES  NO
6. Can you attend a First Responder or EMT course?  YES  NO
7. Present Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date Employed: \_\_\_\_\_  
Total Years Employed: \_\_\_\_\_ Working hours: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_
- Does business take you out of town?  YES  NO If yes, please explain normally what hours are you out of town?  
\_\_\_\_\_
- May we contact your employer?  YES  NO
8. Please list your Military Service if applicable:
- Branch of Service: \_\_\_\_\_  
Reserve Status: \_\_\_\_\_  
Attendance requirements if in the Reserve or Guard: \_\_\_\_\_
9. Any mechanical, electrical or other specialized work experience?  YES  NO  
If so, please explain: \_\_\_\_\_
10. References-please list three references that are not related to you.
1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Volunteer Fire Department Acknowledged Requirements

I acknowledge and understand that application to become a firefighter with the Eagle Pass Volunteer Fire Department requires the following commitment:

1. Refer to Vol. Policy.

Selected applicants will be subject to a 12-month probationary period with review after six (6) months. The following must be completed or accomplished during the 12-month probationary period:

1. Attend monthly meetings (First Monday of each month)-Quarterly drills with the Fire Department.
2. Attend functions of Fire Department.

There will be additional training required after becoming an active member of the Fire Department. Firefighters will be required to:

1. Start NPPA 1403 Basic (Essentials) course within the first two (2) years and complete within four (4) years. Tuition paid by Fire Department) for firefighters/EMS.
2. Complete First Responder course (40 hours) or EMT training within 2 years for active members.
3. Attend Hazardous Material training-Attend Regional and Sectional Schools (awareness level). For active members only.
4. Attend training as prescribed in the Fire Department Bylaws and Standard Operating Procedures.
5. Being a firefighter is an emotionally challenging job and provides you with self-respect and self-satisfaction. Firefighting requires training and demands team effort and respect from each individual firefighter in the Department.

**I have read these requirements and agree to them.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

### To be signed by Applicant's Employer

I \_\_\_\_\_, the Employer of \_\_\_\_\_  
agree to release said individual during work hours to respond to emergency calls with the Eagle Pass Fire Department.

List any restrictions:

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\_\_\_\_\_  
Date: \_\_\_\_\_ Employer Signature \_\_\_\_\_ Employer Name \_\_\_\_\_

**VOLUNTEER FIRE DEPARTMENT TRAINING &  
EXPERIENCE WORK PERFORMANCE TEST**

**1. SCBA USE**

Familiarize with self-contained breathing apparatus.

**2. VICTIM RESCUE**

Carry or drag 100 pound rescue dummy 100 feet.

**3. STAIRWAY CLIMB**

Carry a 50 foot section of 3 inch hose to the top floor of Fire Station and return to the same starting point.

**4. LADDER**

Climb up and down a 35 foot ladder.

**5. HOSE OPERATION**

Advance a charged 1 3/4" line 150 feet and operate nozzle in full turnout gear.